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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/089356**

FILING DATE

APPLICANT(S)

**CLAIMS**

	FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
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49						/
50						/
TOTAL IND.	1		3		1	
TOTAL DEP.	21		20		18	
TOTAL CLAIMS	22		23		19	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS